

HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, American Savings Bank Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT (This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)					
Michael J. Moscati	Office Manager				
STATE AGENCY: House of Representatives	STATE TEL. NO.: 808-586-6400				

STATE MAILING ADDRESS:

State Capitol, Rm. 434 415 South Beretania St. Honolulu, HI 96813

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT VALUE	AGG. 5 VALUE
NONE	NONE	NONE	NONE	NONE
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P DONOR	DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT VALUE	AGG. VALUE
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Check here if you have attached additional sheet	s.
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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

MAY 2 4 2005

DATE